

STATE OF MINNESOTA



MARK DAYTON
GOVERNOR

RECEIVED

JUN 30 2011

President of the Senate

NOTICE OF APPOINTMENT

Kathryn Balstad Brewer

321 Silver Lake Road Southwest
New Brighton, MN 55112
County of Ramsey
Congressional District 4

Because of the special trust and confidence I have in your integrity, judgment and ability, I have appointed and commissioned you to have and to hold the office of:

PUBLIC MEMBER

MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY

Effective: June 30, 2011

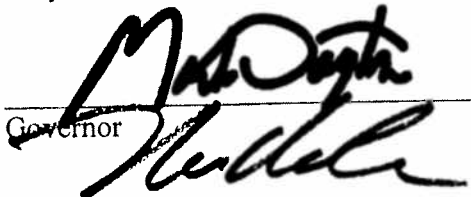
Term Expires: January 5, 2015

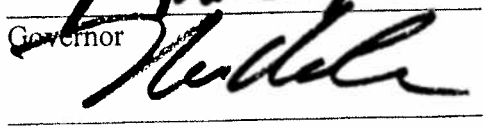
This appointment carries with it all rights, powers, duties and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Minnesota to be affixed at the Capitol in the City of Saint Paul, June 29, 2011.



Reappointment


Governor


Secretary of State

**STATE OF MINNESOTA
OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCIES, BOARDS, COUNCILS, COMMISSIONS OF TASK FORCES**

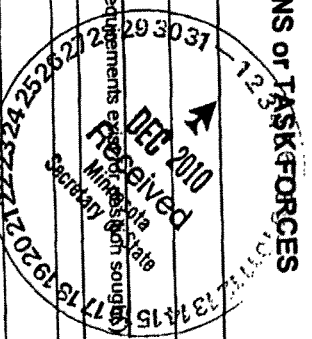
All information on this form is available to the public upon request.
By request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)

Part I: Tell us about the Position to which you are applying

* Indicates information that will appear on the Office of the Secretary of State web site: www.sos.state.mn.us

Agency Name: * MN Higher Education Facilities Authority
(Please write the Name of board, council, commission or task force to which you are applying)

Position Sought: Member
(Membership position sought or enter "member" if no specific requirements exist)



Part II: Tell us about Yourself

* Indicates information that will appear on the Office of the Secretary of State web site: www.sos.state.mn.us

Applicant Name: * Kathryn Balkstad Brewer
(First Name) (Last Name)

Preferred Mailing Address: * 371 Silver Lake Road New Brighton MN 55112
(Street) (City) (State) (ZIP)

E-MAIL: * kndbrewer@earthlink.net

Work Phone: * (651) 636-8566
Home Phone: (651) 636-8566

County: Ramsey
MN House of Rep District: 50B U.S. House of Rep District: 4
Have you ever been convicted of a felony: Yes No X
Did the Appointing Authority suggest you submit your application? Yes X No

Please attach a current resume and a cover letter that would demonstrate your interest and qualifications to the Appointing Authority.

Part III: OPTIONAL STATISTICAL INFORMATION

The following information is optional and voluntary. Information is collected for, and compiled in, the annual report on the open appointments process pursuant to Minn. Stat. §15.0597

Sex: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Age: <u>67</u>	Disability: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Political Party: <input checked="" type="checkbox"/> Democratic-Farmer-Labor <input type="checkbox"/> Independence <input type="checkbox"/> Republican <input type="checkbox"/> No Party Preference <input type="checkbox"/> Other	Hispanic, Latino, or Spanish origin? Yes <u> </u> No <u>X</u>
Race: (As listed on United States Census 2010) (Pick as many as apply)	<input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black African Am., or Negro <input type="checkbox"/> Chinese	<input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other Race	

Part IV: Signature and Submittal Instructions

I swear that, to the best of my knowledge, the above information is correct and that I satisfy all legally prescribed qualifications for the position sought.
(Signature of Applicant) * If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.)
Kathryn Balkstad Brewer (Date) 11/24/10

MAIL, FAX, OR SUBMIT APPLICATION IN PERSON, TO:
Office of the Secretary of State, Open Appointments
180 State Office Building
100 Rev. Dr. Martin Luther King, Jr., Blvd
St. Paul, MN 55155-1299

FAX: (651) 296-9073
Phone: (651) 556-0643
Email: open.appointments@state.mn.us

Applicants will not receive an acknowledgement of submitted applications; the state notify you if an interview is scheduled.

FOR OFFICE USE:
Governor 12/01/10

